

Office of The clerk,
U.S. District Court,
Northern District of California,
450 Golden Gate ave.
San Francisco, CA 94102.

FILED

DEC 05 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE

C07-5960 RMW

ARDY D. Chadwick.

C.m.c.

P.O. Box 8103

San Luis obispo CA 93409.

Dear Mr. Wiekling

How are you doing? and how was your
Thank's giving. well I know your getting Tired. of
me writting you a lot. BUT I have To let you know
I'm going To get my head check By a Doctor on The
Street. Mr. Wiekling The lowyer who will help me with
my lawSuite, I want him To know. I also have state-
ment from my Two friends mark and amy now I got
To waite Till my wife get back from over seas she
in The P.I. her mother pass away Thank's giving Eve.
So I will have her send me a copy.

BUT The lowyer could get a hold of my mother who I
give all my Paper work To, you can call ~~her~~ her.
her Name is Ruby Lee Chadwick The phone Number
is 619-263-1463. if you want To Drop her a line

The address is 5843 Sky line Dr San Diego C.A.
 92114. she can Help you Tell my wife come Back To
 The state, you know. I want To know something.
 The police Busted my Ear Drum and head injury -
 lowyer Back promble,
 I will Tell you this. I am wroking here at The prison
 I am making like 34 Dollor's a month, I am letting
 you know. I got a 200⁰⁰ Dollor Fine for getting Beat
 up. I am Telling you. or D.D I ~~did~~ NOT Tell you.
 I Told my lowyer I wanted To go To trile he Told
 me No. we wasn't going To trile,
 I Told you They put some white man who I never
 seen in my life To lie for Them, now this is what
 I want I want Done. I want To write a letter.
 To The New's station. I want The lowyer To have
 The New's Team and The paper's in That court room.
 I want The people of San Diego. To know how Bad.
 They will lie on you To cover There own ass. for doing
 what They had Done To me, I am sitting here in This cell.
 for a crime I had no part in// The S.P.P.D lie To get people
 in prison// now for what They had Done To me I'm asking
 3. 15 million Dollor's,
 and That pain and suffering Stress Disorder, and Bodily
 injury's, now I have To get ssi To make it I have Kids
 These mother walk out on me and The Kids now my
 mom and Dad have To look after Them // Because I am

here// for what helping two friends who ask me
to help me get them back to salt lake city utha.

That's all. I did no drugs

I've been clean for a good long time. I thank god. He ^{took}
gave me a chance in life. // But the Devil came and ~~told~~
that from me.

I lay here at night and cry because one you would —
never think you will get beat up by a cop. But let me
say ^{this} ~~thing~~ I would not have a fair trial in San Diego on
this law suite, I want to know where can I get this
law suite take place. in which I would like to move it
out of San Diego. and no I do not want a ol white
jury. in fact I want lest whites in the jury as possible
I want it to be mix up, and I want them to pay for
Everything. I will be in and out of the doctor. officer
and I want them to pay all the bills like I said it
two cops officer hall and the one who did the
beating on me. // But Both of them will pay for what
they had done to me. officer Hall lie he the biggest
dam lier I ever seen.

and I will tell you and the court what happen on.
that wensday of 05. I got head injury But I will
not ever for get that day.

So now. I want the lowyer who will take this case.
get a hold of me // I will tell him step by step on what
had happen, now you do know I've been fighting this

cent's I found out That The police had lie on me.

I'm like This if I did a crime I will do The Time

BUT god Darnit I did nothing wrong.

when I put my civil suit into The County Court of San Diego all They do is reject it Tell me o you DIDNT pay The Fee. how can I pay when I dont have no kind of money. That's what They do all The Time so They will not File The Claim.

That's why I went to you. I wrote to all kind of lawyers and none of them would take my case. now I hope to Dear god He wont be afraid to Fight against The S.P.D. now here a copy of my midact copy I will get more if needed just let me know. I Thank you. and you have a Wondexful Day

Chadwick R.R. dy-

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

To: Richard w. wiking Date: 11/20/07From: chadwick ARDY T-13047 73/11 73/11
(Last Name) (Number) (Housing) (Bed Number)Work Assignment: COOK main kitchen Job Hours: 1100 to 7.00Other Assignment: — From: — to —
(School, Therapy, etc.)

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I want you to give me a lawyer, ~~to~~ To help me fight my
law suit I Thank you.

(Do NOT write below this line. If more space is required, write on back)

Interviewed By: _____ Date: _____

Disposition: _____

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Chadwick ARDY CDC NUMBER: T-13047 HOUSING: 7306

PATIENT SIGNATURE: Chadwick ARDY Demetrus DATE:

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I having promble with ~~promble~~ problems with my head I DO BELIVE I have sezzex I do NOT Belive That I have Dizzy spells. I have very sharp pain I Need Help. with this and I want This on fde That all This came. From The BeATTing

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

N/C

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 10.1.07 0800 Received by: V. Sweett RN

Date / Time Reviewed by RN: 10.1.07 0800 Reviewed by: V. Sweett RN

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

no dizzy when waking - sweats - had incontinent episode prior to waking - thinks he may be having seizures - HA's - spots (flickers & color) in vision

O: T: 98² P: 80 R: BP: 122/74 WEIGHT: SpO₂ 96%

referred to PCP on 9.21.07 for follow-up - currently on depakote for 4 issues.

A: alteration in comfort: pain - potential for injury R/T: Seizure

P: Refer to PCP - (done 9.21.07)

☒ See Nursing Encounter Form Headaches - done 9.21.07

E: enc. to report to ER if pain becomes intolerable while waiting for appointment to PCP

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: NAME OF INSTITUTION

CME

PRINT / STAMP NAME: V. Sweett SIGNATURE / TITLE: V. Sweett RN DATE/TIME COMPLETED: 10.2.07 1030

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Chadwick ARDY CDC NUMBER: T-13047 HOUSING: ~~72/63~~ 72/63

PATIENT SIGNATURE: Chadwick ARDY. D. DATE: ~~9/20/07~~ 9/20/07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I'm have intense grain with DIZE spell again I can't stand The pain all this come from The Beutting I got from The S.D.P. D officer. I've Been having These pain for a long Time Now. Some Time The pain is so Strong my NoSe will Bleed. I can not Take This Pain any more.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

N/C PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 9/20/07 @ 0730 Received by: M. Reyes RN
Date / Time Reviewed by RN: M. Reyes RN (co-signed by V. Sweet)
S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

States he thinks he's having seizures - Requests referral to neurologist

O: T: P: R: BP: WEIGHT:

A:

P:

☒ See Nursing Encounter Form

Will refer to PCP to evaluate IM's request for neurology consult

E:

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: COMPLETED BY: DATE OF APPOINTMENT: NAME OF INSTITUTION: CMC F

PRINT / STAMP NAME: V. Sweett SIGNATURE / TITLE: V. Sweett RN DATE/TIME COMPLETED: 9.21.07 0920

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME: Chadwick ARDY D. CDC NUMBER: T-13047 HOUSING: BUTTE^{LOW} 129^{LOW}

PATIENT SIGNATURE: Chadwick ARDY Demetrius DATE:

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I had another attack and it was a seizer. and it last, 15 min. and no one would want to help me with my injuries to my head. I can not wait no 6 to 9 weeks. if I have to wait that long. you just traspack me either up north or Back to S.D. I cant live like this. and I want.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 8/19/07 2348 Received by: J. M. Turner

Date / Time Reviewed by RN: 8/20/07 0700 Reviewed by: J. M. Turner

S: Pk seen 08/16/07. Pain Scale: 1 2 3 4 5 6 7 8 9 10

MD line given motrin 600mg cont G meds

O: T: P: R: BP: WEIGHT:

A:

P: M

☐ See Nursing Encounter Form

E: If seizures - encouraged to call Mandown.

APPOINTMENT SCHEDULED AS: EMERGENCY (IMMEDIATELY) ☐ URGENT (WITHIN 24 HOURS) ☐ ROUTINE (WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP: DATE OF APPOINTMENT:

COMPLETED BY: NAME OF INSTITUTION:

PRINT / STAMP NAME: A. NAVARRO, RN SIGNATURE / TITLE: A. Navarro DATE / TIME COMPLETED: 8/21/07 0900

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME

Chadwick ARDY

CDC NUMBER

T-13047

HOUSING

229

PATIENT SIGNATURE

Chadwick ARDY Demetrius

DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I am still going through pain Back Pain Head-Pain, I got this Burn spot on the side. My jaw with The Breaking Tooth. I'm going through Dizzy spells now, and They told me this will happen after The S.D.P.D officer had Beat me up. I got to get help for what I'm going through.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 7/25/07 2359

Received by: J. Woodliff

Date / Time Reviewed by RN: 7/24/07 0600

Reviewed by: Cabrera RN

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

Dizzy spells P officer Bearing and can't hear right ear "can't hear nothing my ear is Burred".

O: T: 97 P: 90 R: 18 BP: 155/106 WEIGHT: 165 lbs

Hydrochlorothiazide 25 mg qd

Vasotec 10 mg qd

30 day Rx Dr. Abuzen

A:

P: RN

☐ See Nursing Encounter Form

Transfer for CRC 7/19/07

E:

APPOINTMENT
SCHEDULED AS:EMERGENCY
(IMMEDIATELY) ☐URGENT
(WITHIN 24 HOURS) ☐ROUTINE
(WITHIN 14 CALENDAR DAYS) ☐

REFERRED TO PCP:

DATE OF APPOINTMENT:

COMPLETED BY

NAME OF INSTITUTION

PRINT / STAMP NAME

Cabrera RN

SIGNATURE / TITLE

Cabrera RN

DATE/TIME COMPLETED

7/27/07 1300

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: Chadwick ARDY CDC NUMBER: T-13047 HOUSING: 109-34 Low

PATIENT SIGNATURE: Chadwick Ardy Demetrius DATE:

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I've been here cents 05, I got beat up really bad by S.D.P.D. I have mine grain head pain, my lower back still killing me, I still can not hear out of my right ear, it very low sounds and the drops they gave me do not work, the man gave me wax remover. // There got to be something to do. I ask for a back Brest, didn't get it (Help)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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PART II: TO BE COMPLETED BY THE TRIAGE REGISTERED NURSE

Date / Time Received: 01-23-09 @ 0610 Received by: J. Lee

Date / Time Reviewed by RN: 1-25-09 @ 0630 Reviewed by: K. Johnson

S: Pain Scale: 1 2 3 4 5 6 7 8 9 10

AS above

O: T: 98.1 P: 89 R: 16 BP: 141/89 WEIGHT: 190

A: 3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-1102-1103-1104-1105-1106-1107-1108-1109-1110-1111-1112-1113-1114-1115-1116-1117-1118-1119-1120-1121-1122-1123-1124-1125-1126-1127-1128-1129-1130-1131-1132-1133-1134-1135-1136-1137-1138-1139-1140-1141-1142-1143-1144-1145-1146-1147-1148-1149-1150-1151-1152-1153-1154-1155-1156-1157-1158-1159-1160-1161-1162-1163-1164-1165-1166-1167-1168-1169-1170-1171-1172-1173-1174-1175-1176-1177-1178-1179-1180-1181-1182-1183-1184-1185-1186-1187-1188-1189-1190-1191-1192-1193-1194-1195-1196-1197-1198-1199-1200-1201-1202-1203-1204-1205-1206-1207-1208-1209-1210-1211-1212-1213-1214-1215-1216-1217-1218-1219-1220-1221-1222-1223-1224-1225-1226-1227-1228-1229-1230-1231-1232-1233-1234-1235-1236-1237-1238-1239-1240-1241-1242-1243-1244-1245-1246-1247-1248-1249-1250-1251-1252-1253-1254-1255-1256-1257-1258-1259-1260-1261-1262-1263-1264-1265-1266-1267-1268-1269-1270-1271-1272-1273-1274-1275-1276-1277-1278-1279-1280-1281-1282-1283-1284-1285-1286-1287-1288-1289-1290-1291-1292-1293-1294-1295-1296-1297-1298-1299-1300-1301-1302-1303-1304-1305-1306-1307-1308-1309-1310-1311-1312-1313-1314-1315-1316-1317-1318-1319-1320-1321-1322-1323-1324-1325-1326-1327-1328-1329-1330-1331-1332-1333-1334-1335-1336-1337-1338-1339-1340-1341-1342-1343-1344-1345-1346-1347-1348-1349-1350-1351-1352-1353-1354-1355-1356-1357-1358-1359-1360-1361-1362-1363-1364-1365-1366-1367-1368-1369-1370-1371-1372-1373-1374-1375-1376-1377-1378-1379-1380-1381-1382-1383-1384-1385-1386-1387-1388-1389-1390-1391-1392-1393-1394-1395-1396-1397-1398-1399-1400-1401-1402-1403-1404-1405-1406-1407-1408-1409-1410-1411-1412-1413-1414-1415-1416-1417-1418-1419-1420-1421-1422-1423-1424-1425-1426-1427-1428-1429-1430-1431-1432-1433-1434-1435-1436-1437-1438-1439-1440-1441-1442-1443-1444-1445-1446-1447-1448-1449-1450-1451-1452-1453-1454-1455-1456-1457-1458-1459-1460-1461-1462-1463-1464-1465-1466-1467-1468-1469-1470-1471-1472-1473-1474-1475-1476-1477-1478-1479-1480-1481-1482-1483-1484-1485-1486-1487-1488-1489-1490-1491-1492-1493-1494-1495-1496-1497-1498-1499-1500-1501-1502-1503-1504-1505-1506-1507-1508-1509-1510-1511-1512-1513-1514-1515-1516-1517-1518-1519-1520-1521-1522-1523-1524-1525-1526-1527-1528-1529-1530-1531-1532-1533-1534-1535-1536-1537-1538-1539-1540-1541-1542-1543-1544-1545-1546-1547-1548-1549-1550-1551-1552-1553-1554-1555-1556-1557-1558-1559-1560-1561-1562-1563-1564-1565-1566-1567-1568-1569-1570-1571-1572-1573-1574-1575-1576-1577-1578-1579-1580-1581-1582-1583-1584-1585-1586-1587-1588-1589-1590-1591-1592-1593-1594-1595-1596-1597-1598-1599-1600-1601-1602-1603-1604-1605-1606-1607-1608-1609-1610-1611-1612-1613-1614-1615-1616-1617-1618-1619-1620-1621-1622-1623-1624-1625-1626-1627-1628-1629-1630-1631-1632-1633-1634-1635-1636-1637-1638-1639-1640-1641-1642-1643-1644-1645-1646-1647-1648-1649-1650-1651-1652-1653-1654-1655-1656-1657-1658-1659-1660-1661-1662-1663-1664-1665-1666-1667-1668-1669-1670-1671-1672-1673-1674-1675-1676-1677-1678-1679-1680-1681-1682-1683-1684-1685-1686-1687-1688-1689-1690-1691-1692-1693-1694-1695-1696-1697-1698-1699-1700-1701-1702-1703-1704-1705-1706-1707-1708-1709-1710-1711-1712-1713-1714-1715-1716-1717-1718-1719-1720-1721-1722-1723-1724-1725-1726-1727-1728-1729-1730-1731-1732-1733-1734-1735-1736-1737-1738-1739-1740-1741-1742-1743-1744-1745-1746-1747-1748-1749-1750-1751-1752-1753-1754-1755-1756-1757-1758-1759-1760-1761-1762-1763-1764-1765-1766-1767-1768-1769-1770-1771-1772-1773-1774-1775-1776-1777-1778-1779-1780-1781-1782-1783-1784-1785-1786-1787-1788-1789-1790-1791-1792-1793-1794-1795-1796-1797-1798-1799-1800-1801-1802-1803-1804-1805-1806-1807-1808-1809-1810-1811-1812-1813-1814-1815-1816-1817-1818-1819-1820-1821-1822-1823-1824-1825-1826-1827-1828-1829-1830-1831-1832-1833-1834-1835-1836-1837-1838-1839-1840-1841-1842-1843-1844-1845-1846-1847-1848-1849-1850-1851-1852-1853-1854-1855-1856-1857-1858-1859-1860-1861-1862-1863-1864-1865-1866-1867-1868-1869-1870-1871-1872-1873-1874-1875-1876-1877-1878-1879-1880-1881-1882-1883-1884-1885-1886-1887-1888-1889-1890-1891-1892-1893-1894-1895-1896-1897-1898-1899-1900-1901-1902-1903-1904-1905-1906-1907-1908-1909-1910-1911-1912-1913-1914-1915-1916-1917-1918-1919-1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-24

California Department of Corrections and Rehabilitation

Division of Correctional Health Care Services

Inst: CME E Encounter Form: HeadachesName: Chadwick, Ardy CDC# T13047 DOB: 12.10.66 Date/Time 9.21.07 0920

Fill in the blanks and check all that apply

SUBJECTIVE:Chief Complaint: HeadachesDate and time of onset: June 2005Pain: Scale of 0-10 (0=no pain 10=worst pain): 10Pain: ☐ Dull ☐ Aching ☒ Sharp
☒ Throbbing ☒ Constant ☐ IntermittentLocation: ☐ Frontal ☐ Temporal ☐ Occipital
☐ Left ☒ Right ☐ Bilateral☒ Radiating (where): side to back☒ Onset ☒ Gradual ☐ SuddenWhat makes pain better: motrinHistory of prior pain / duration: yes - statesreceived head injury

Past history of & workup for headache:

x ray doneHistory of: ☐ Recent Trauma ☐ Recent URI☐ Hypertension ☒ Depression ☐ Other: _____Symptoms: ☒ Blurred vision ☐ Double vision☐ Blind spots ☐ Photophobia ☐ Flashing lights☐ Nausea ☐ Vomiting ☐ Fever Chills☐ Stiff Neck ☒ Dizziness/vertigoHeadache interferes with: ☒ Sleep ☒ ActivityDescribe: can't write - all activityAllergies: NKACurrent medications: motrin, HCTZ, enalaprilwillbutrin, qd, d, depakote**OBJECTIVE:**☒ Awake, alert, oriented to person, place, time

Neuro: Level of Consciousness:

☒ Alert ☒ Oriented ☐ Lethargic ☐ Confused☐ Slurred speechVS: Temp 98.1 Pulse 78 Resp 16 B/P 124/74Appearance: WNLWeakness: ☒ None ☐ Focal or asymmetric weakness☐ Generalized symmetric weakness ☐ Facial DroopingHEENT: ☐ Facial flushing ☒ Sinus tendernessEyes: ☒ PERL ☐ EOM abnormality ☐ Pupils unequal☐ Photophobia ☐ Scalp Tenderness

Other: _____

Neck: ☒ Supple ☐ StiffGait: ☒ Normal ☐ Abnormal

(describe): _____

PHYSICIAN:☒ Pain as evidenced by/ or related to: _____no HA☒ Neurological deficit as evidenced by/ or related to: _____no "seizures"**PLAN:**

MD Referral: (Circle) YES/NO If Yes: _____

ENCOUNTER FORM: HEADACHE

CDC XXXX

☐ STAT ☐ Urgent ☒ Routine

(MD STAT referrals for: Focal weakness, facial flushing or sweating, facial or eyelid drooping, other focal weakness, change in speech or gait, fever > 101.5, inability to touch chin to chest, confusion, visual deficit or double vision, abnormal eye movements or pupillary responses, vomiting, head trauma, systolic BP > 180 mm Hg or diastolic > 110 mm Hg.)

☐ Orders received by phone from POC

Physician notified (name/time): _____

Physician responded: (time): _____

If negative for the above symptoms provide:

☐ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hrs☒ Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain has ordered

while symptoms persist; not to exceed 6 tabs in 24 hrs

☐ Instruct patient to return to RN clinic in 72 hrs if no improvement**EDUCATION:**

Patient instructions given:

☒ Use of Medications: motrinPatient Health Care Education Forms given to patient: (specify): Headaches☒ Resubmit a Health Care Service Request Form (CDC 7362) if symptoms persist, condition deteriorates, blurred vision, spots before the eyes, increased pain or:☒ Patient verbalized understanding of instructions**DISPOSITION**Time released 0935☒ Condition on release: Stable/ambulatory☒ Returned to housing unit☐ Housing reassignment to: _____☐ Referred for follow-up☒ Physician clinic ☐ RN clinic☐ Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time): _____

ERV arrived at TTA: _____

List name(s) of RN Protocols used: _____

HeadacheV. Swett RN

Signature / Title

California Department of Corrections

Health Care Services Division

Inst: _____ Encounter Form: Headaches
 Name: Chadwick, A CDC# 113047 DOB: 12-10-60 Date/Time 8/12/07 0845
 Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: HA
 Date and time of onset: _____
 Pain: Scale of 0-10 (0=no pain 10=worst pain): 9/10 Side HA
 Pain: ☐ Dull ☐ Aching ☐ Sharp
☐ Throbbing ☐ Constant ☐ Intermittent
 Location: ☐ Frontal ☒ Temporal ☐ Occipital
☐ Left ☐ Right ☐ Bilateral
☐ Radiating (where): to my neck
☐ Onset ☐ Gradual ☐ Sudden
 What makes pain better: nothing
 History of prior pain / duration: since months ago
 Symptoms: ☐ Blurred vision ☐ Double vision
☐ Blind spots ☐ Photophobia ☐ Flashing lights
☐ Nausea ☐ Vomiting ☐ Fever Chills
☐ Stiff Neck ☐ Dizziness/vertigo
 History of: ☐ Recent Trauma ☐ Recent URI
☐ Hypertension ☐ Depression
 Headache interferes with: ☐ Sleep ☐ Activity
 Describe: _____
 Past history of & workup for headache: _____
 History of chronic illness: ☐ HTN ☐ Recent trauma
☐ Depression ☐ Recent URI ☐ Other: _____

Allergies: NA
 Current medications: enalapril 20mg Hctz

OBJECTIVE:

☒ Awake, alert, oriented to person, place, time
 VS: Temp 98.0 Pulse 79 Resp 10 B/P 112/100
 Appearance good
 HEENT: ☐ Facial flushing ☐ Sinus tenderness
 Eyes: ☒ PERL ☐ EOM abnormality ☐ Pupils unequal
☐ Photophobia ☐ Scalp Tenderness
 Other: _____
 Neck: ☐ Supple ☐ Stiff
 Gait: ☒ Normal ☐ Abnormal
 (describe) _____
 Neuro: Level of Consciousness: ☒ Alert ☐ Lethargic
☒ Oriented ☐ Confused ☐ Slurred speech
 Weakness: ☒ None ☐ Focal or asymmetric weakness
☐ Generalized symmetric weakness ☐ Facial Drooping

ASSESSMENT:

☐ Pain as evidenced by/ or related to:
inflammatory process
☐ Neurological deficit as evidenced by/ or related to:

PLAN:

MD Referral: (Circle) YES/NO If Yes:
☐ STAT ☐ Urgent ☐ Routine
 (MD STAT referrals for: Focal weakness, facial flushing)

ENCOUNTER FORM: HEADACHE
 CDC XXXX

or sweating, facial or eyelid drooping, other focal weakness, change in speech or gait, fever > 101.5, inability to touch chin to chest, confusion, visual deficit or double vision, abnormal eye movements or pupillary responses, vomiting, head trauma, systolic BP > 180 mm Hg or diastolic > 110 mm Hg.)

Physician notified (name/time): _____
 Physician responded: (time): _____
 If negative for the above symptoms provide:
☐ Acetaminophen 325mg 2 tabs PO Q4-6 hours PRN pain while symptoms persist; not to exceed 12 tabs in 24 hrs
☒ Ibuprofen 200mg 1-2 tabs PO Q4-6hrs PRN pain while symptoms persist; not to exceed 6 tabs in 24 hrs
☐ Instruct patient to return to RN clinic in 72 hrs if no improvement
☒ Treatment given per RN Protocol:

EDUCATION:

Patient instructions given:
☐ Patient Health Care Education Forms given to patient: (specify): _____
☐ Resubmit a Health Care Service Request Form (CDC 7362) if blurred vision, spots before the eyes, increased pain or:
☐ Patient verbalized understanding of instructions

DISPOSITION

Time released 0845
☒ Condition on release: ambulatory
☒ Returned to housing unit
☐ Housing reassignment to: _____
☐ Referred for follow-up
☐ Physician clinic ☐ RN clinic
☐ Referred to higher level of care: (specify) _____
 Person/time contacted: _____
 Time/Mode of transfer: _____
 ERV contacted (time): _____
 ERV arrived at TTA: _____

Additional Comments: _____

A. NAVARRO, RN

Signature / Title

OUTPATIENT MEDICATION RECORD

CDC CMP-ASU MED/MAR FORM Style #1 (08/93)

1 T-13047 CHADWICK, ARDY 489202- 0 DR: DEPOVIC, J.-RCE BUPROPION 75MG/WELLBUTRIN 150MG PO BID (CRUSH/DOT) **MEDLINE** Start: 07/23/2007 Stop: 09/21/2007	2 T-13047 CHADWICK, ARDY 489203- 0 DR: DEPOVIC, J.-RCE DEPAKOTE ER 500MG TAB 1000MG ER PO BID **MEDLINE** Start: 07/23/2007 Stop: 09/21/2007	3 T-13047 CHADWICK, ARDY 490640- 1 DR: NGUYEN, HOAN-OE ENALAPRIL/VASOTEC 20MG 1 TAB DAILY REFILL (14DAYS) Start: 08/17/2007 Stop: 10/26/2007
4 T-13047 CHADWICK, ARDY 490641- 1 DR: NGUYEN, HOAN-OE HYDROCHLOROTHIAZIDE 25MG 1 TAB DAILY (HCTZ) REFILL (14DAYS) Start: 08/17/2007 Stop: 10/26/2007	5 T-13047 CHADWICK, ARDY 491231- 0 DR: AZAB, -RCE-PSYCH GEODON 60MG CAPS MEDLINE 60MG BID MEDLINE Start: 08/15/2007 Stop: 09/26/2007	6 T-13047 CHADWICK, ARDY 491944- 0 DR: NGUYEN, HOAN-OE IBUPROFEN TAB 600MG (MOTRI 1 TAB 3 TIMES DAILY AS NEEDED. REFILL (14DAYS) Start: 08/15/2007 Stop: 10/10/2007
7	8	9

FOR THE MONTH OF:

YR:

FOR THE MONTH OF:

YR:

DAY	AM	NOON	PM	HS	DAY	AM	NOON	PM	HS
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
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26					26				
27					27				
28					28				
29	1, 2, 3, 4, 5, 6, 10				29				
30					30				
31					31				

Identification of RN/MIA initials

Name:	Initials:	Name:	Initials:	Name: <i>P. D. Dwyer</i>	Initials: <i>PD</i>
Name:	Initials:	Name:	Initials:	Name:	Initials:

NAME OF INMATE: CHADWICK, ARDY

CDC NUMBER: T-13047

HOUSING: BL-129L

BIP 11/5/02 W 8/29/07 0330

NKDA

PAROLE DATE

Patient's primary
spoken language

is:

DATE	TIME	PROB #	
6/22/07			S: (history includes details pertinent to the patient's medical complaint)
			do CBR
			Neck BP and reflex
			do pimple on face
			Neck medium size Bk Bm
			Neck P. B. B.
			O: (physical assessment) T: 98 P: 71 R: 16 B/P: 124/81 Wt: 190 lbs
			CV: CBR Sym. Face: c/o comedones/
			lung: CBR
			Neck: Seng
			peripheral edema, cyanosis.
			Cal: 140 107 8 3.9 27.7 1 < 87. ALV: 8
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.)
			HVN, controlled - None vulgar
			CBR
			P: (MTA - referral to a higher licensure for prioritization and evaluation.) (RN - action to be taken by the RN so that the patient receives appropriate medical care.)
			- No Refr
			- Pain Refr
			- Dx y co con
			E: (education provided)
			Rh exercising - heart healthy do
			Flu. - LAM m

INSTITUTION California Rehabilitation Center

ROOM / WING

201-33

OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

Chadwick, A

T 13047

DATE	TIME	PROB#	
1/10/2007	1235		S: (history includes details pertinent to the patient's medical complaint) flu headaches, still having headaches — M. H. J. M. requests back brace — M. H. J. M. states: HA used to be on par = ghs - jawline head c N = N, in plus h plus O: (physical assessment) T: 97.5 P: 73 R: 20 B/P: 143/96 Wt: 167 Upright: unremarkable. Heart: normal, no murmurs, normal PERI: ENT: normal Ax 0 & 3. No note - saying defer A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.) Tend HA R/L in chin ITON P: (MTA - referral to a higher licensure for prioritization and evaluation.) (RN - action to be taken by the RN so that the patient receives appropriate medical care.) pain med. A - Plaster very bad. R.P. ✓ E: (education provided) - Bad evening - Reluctant

INSTITUTION California Rehabilitation Center

ROOM / WING 1 1400000000038L

OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

T13047

CHADWICK, ARDY

12/10/1966

PARDLE DATE

DATE	TIME	PROB#	
1/3/2007	0925		S: (history includes details pertinent to the patient's medical complaint)
			C/O HA, difficulty hearing @ ear, C/O lower back pain
			2nd evaluation for pain, HA, more bleed. to back pain, @ hearing &.
			Hx: (6 wks) - last 12 months same,
			@ alcohol cig.
	(12/8)		O: (physical assessment) T: 97° P: 84 R: 18 B/P: 160/113 Wt: 190#
HeTm = 14	-		Chest C7A in mid
HeT8: 8	15		W PRR dx
ENdpt 22			OP: no emphysema, no wheezes, but (L) & (R) slight
atnd: 12			wheezes, no emphysema, some of opaque consolidation in inf rim
num: 12.			no wheezes. Back: tender (B) & tension from
			of hip < 90° (B); Shs no articular
			A: (medical/nsg diagnosis. MTAs may not independently analyze or interpret data.)
			Hx: poor emphysema. Chronic head pain, Back pain
			NO DM. (B) slight wheezes
			P: (MTA - referral to a higher licensure for prioritization and evaluation.) (RN - action to be taken by the RN so that the patient receives appropriate medical care.)
			disc Bx, emphysema,
			the use of H.
			DOT med.
			E: (education provided) ✓ NAO, caffeine,

INSTITUTION California Rehabilitation Center

ROOM / WING 1 1400000000038L

OUTPATIENT INTERDISCIPLINARY
PROGRESS NOTES

CDC NUMBER, NAME, (LAST, FIRST, MI)

T13047

CHADWICK, ARDY

12/10/1966

DATE	TIME			
8/29/07	1500	New Arrival to CMC-E from C/M . <u>EOP</u> CCCMS- EOPMN - GP		
		T.B. Code 22 ; RPR NR . To be housed in General Population /		
		<u>Psych intake</u> / <u>AD-Seg</u> / MHC. Screening for Valley Fever completed		
		and literature / hand-out issued to inmate-patient, and		
		denies / admits to symptoms.		
		Inmate-patient arrived with: chicken pox <u>Y</u> <u>(N)</u>		
		7371:	<u>Yes</u>	No N/A
		Medication:	<u>Yes</u>	No N/A
		MAR:	Yes	<u>No</u> N/A
		Pharmacy Profile Sheet:	<u>Yes</u>	No N/A
		Psych Profile Sheet:	Yes	<u>No</u> N/A
		Comments: Hx of HTN, chronic lower back pain,		
		blurred vision & dizzy spells & psychotic Dep.		
		Sent to east clinic to renew medical meds. Then		
		to go to <u>Ad-seg</u> <u>Psych intake</u> to see PO. Several attempts		
		of suicide in the past. Admits to hearing voices of		
		dead relatives & seeing them. Recently received		
		bad news that his son, aunt & soon to be		
		dead mother-in-law. Encouraged to talk to psych		
		MD, C/O, or anyone else when having issues		
		C/O of having seizures "seizures" but not charted		
		at this time. stated he was scheduled for MRI		
		& Brain scan of <u>(2)</u> side of head. AD hearing to		
		<u>(2)</u> ear & loss of hearing to <u>(1)</u> ear. Sent to		
		east clinic for 7219 & mental health screening. -End-		
INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH		
CMC-E		T13047 CHADWICK, ARDY		
		12.10.44		

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	
8/16/07	0938	<p>S "I have pain in my head, the pain feels like its going for a seizure"</p> <p>O: Inmate o/c/o sharp @^{side} head pain. States pain is "10" on scale of 0-10. A scar or deformities noted @ (R) side of head. He is here for follow up dizzy spell, c/o headache and lat follow up.</p> <p>P- Referred to MO</p> <p>S: C/o Headache. Since the incident 2005. Still relieves the pain.</p> <p>NO N&V, no intensity & position.</p> <p>poor vision - optometrist NPS</p> <p>Hearing and repair requested.</p> <p>O: N/A x 3 - N/A.</p> <p>Neuro: no focal neurologic deficit except poor hearing @ ear</p> <p>steady gait</p> <p>motor sensory intact</p> <p>R: Headache 2nd - incidence 2005</p> <p>poor vision</p> <p>Hearing impaired @ ear</p> <p>negative neurologic findings</p> <p>P: - history of po T12 prol x bad</p> <p>Chronic: low back x 3m.</p>
INSTITUTION	HOUSING UNIT	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CIM	RCF	CHADDICK, A
		T 13047
		DOB 12/10/66

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	
8-3-07	0900	<p>③ "I'm getting dizzy spells on and off that last to around 45 min, also getting headaches and nose bleeds without notice."</p> <p>④ AFOx3, resp even and unlabored, no c/o dizziness at this time, no c/o any pain or discomfort at this time. ————— TBurdett MTH</p> <p>⑤ Defer to MID. ————— TBurdett MTH</p> <p>40 y/o ♂. c/o dizzy spells intermittently</p> <p>EPD: 2009 (?) since 2005 after he was taken up by police</p> <p>dizzy doesn't related to changing positions, balance, urinating & ringing ears.</p> <p>(has hearing problem @ ear - hearing aids were broken</p> <p>(has poor vision.</p> <p>able to communication & regular voice tone.</p> <p>AFOx3 - N/A.</p> <p>Heart: Perfusion good - No intech</p> <p>From head/neck</p> <p>Neck: no TND / hnt</p> <p>Neuro: no focal weakness or deficit</p> <p>Motor / sensory intact</p> <p>Fto N intact</p> <p>Ranking: c/o to Neg - Steady gait</p>

INSTITUTION	HOUSING UNIT	DEPARTMENT, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
CLM	REBL	Chadwick, Ardy

INTERDISCIPLINARY PROGRESS NOTES

2° to impaired hearing @ ear & poor vision.

② H&N.

③ Chronic

p: see orders.

T13047

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**CONFIDENTIAL MEDICAL/MENTAL HEALTH
INFORMATION TRANSFER-SENDING INSTITUTION**
☐ NEEDS IMMEDIATE ATTENTION

CDC 7371 (Rev. 03/04)

☐ Medical and Return

☐ Psychiatric and Return

☐ Return from Medical and Return

SENDING INSTITUTION

INMATE NAME

CDC NUMBER

CIM

CHADWICK, ANDY

T13047

Allergies:

No known allergies

SIGNIFICANT MEDICAL / DENTAL / MENTAL HEALTH PROBLEMS / COMMENTS

(e.g. suicide attempts, dental needs, special diet, pending or incomplete consults, laboratory tests, x-rays)

Chronic Care Program (List type)

Date of Last Visit

 HTN
 BLURRY VISION 5/12/07
 CHRONIC LOW BACK PAIN

MOOD D/O NOS

 8/3/07
 8/20/07
 8/3/07
 7/22/07

Date of Last Physical:

8/3/07

Keyhea ☐

Mental Health Level of Care

☐ None

☒ CCCMS

☒ EOP

☐ MHCB
Suicide History ☐ Yes ☐ No

Prosthetic device?

☐ Yes ☒ No

Type:

Medical Hold Initiated?

☐ Yes ☒ No

Reason:

Medical Chronos reviewed?

☒ Yes ☐ No

Type of Medical Chrono:

128c

TB alert code:

22

MEDICATIONS PRESCRIBED

Medication Administration Recorded Attached

☒ Yes ☐ No

Pharmacy Profile Attached

☐ Yes ☒ No

Name of Medication (including TB)

Dose

Route

Frequency

Start Date

Stop Date

Heat Risk Med

82p

attached

DIAGNOSTIC TESTS PERFORMED

Is inmate pregnant?

☐ Yes ☒ No

☐ EDC

NA

Tuberculosis

PPD Test

0 mm

Date Read

3-12-07

Chest X-ray

☐ Normal ☐ Abnormal

Date Read

PINE

Disability (See CDC 1845)
Developmental Disability
DPW ☐DPS ☐DDI ☐DD2 ☐DPV ☐DPM ☒DDIA ☐DD3 ☐DPH ☐NADPO ☐
MISC TESTS (Check each box that applies to inmate)

RPR/VDRL:

☐ Reactive ☒ Non-reactive

Treated?

☐ Yes ☐ No

Date treated:

9/20/07

Hepatitis:

☐ Positive ☒ Negative

Type:

Treated?

☐ Yes ☐ No

Date treated:

Other screening test results & date

Other Laboratory Data

 Pending Medical/Mental Health
Appointments

Date

Attachments ☐ Yes ☒ No
☐ Chronic Care

☐ Specialty

☐ Telemedicine

☐ Other

Special Transport Instructions

 COMPLETED BY SENDING INSTITUTION RN
(Print/Stamp Name)

SIGNATURE / TITLE / DATE / TIME

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

POLLA A

 1700
 A. POLLA RN 8/28/07

 REVIEWED BY RECEIVING INSTITUTION
RN/MTA/LPT (Print/Stamp Name)

SIGNATURE / TITLE / DATE / TIME

CHADWICK, ANDY

T13047

DOB. 12.10.66

 ORIGINAL - RECEIVING INSTITUTION
CANARY - SENDING INSTITUTION

RECEIVING INSTITUTION

cmc - E

ARDY Chadwick T. Boyt. 73/11

C.M.C.

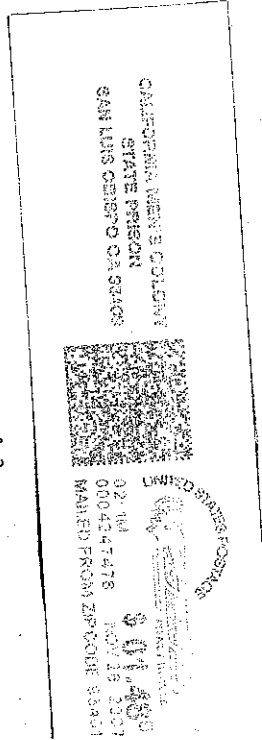
P.O. Box 8103

San Luis Obispo, CA 93409

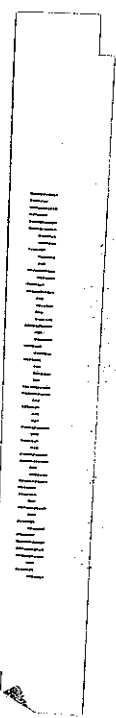
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San Francisco CA 94102



LEGAL MATERIAL



CONFIDENTIAL